



SOUTH CAROLINA WATER WATCH REGISTRATION FORM



Name of Water Watch Group: _____ **Number in Group:** _____

Mailing Address: _____

Email Address: _____

Contact Person: _____

Telephone Number: (Home) _____ **(Office)** _____

Secondary Contact Person: _____

Telephone Number: (Home) _____ **(Office)** _____

Describe the location and type of waterbody (lake, stream, river, wetland, etc.) you will be focusing on. If you will not be adopting an entire waterbody, give a description of the area you will be concentrating on. Use bridges, roads, towns, or confluences with other waterbodies to define the limits of your area.

Name of Waterbody: _____

Type of Water Resource (lake, stream, river, wetland, etc.): _____

Location: _____

Which activity would you like to begin with? _____

Please print this form, fill it out and return to:
Kim Gundler, Water Watch Coordinator
SCDHEC, Bureau of Water, 2600 Bull St. Columbia, SC 29201
or fax it to: (803)898-4215